Flagler Hospital Internet Point-of-Care (iPOC) Learning CME Activity

**Purpose**
In day-to-day practice, physicians and healthcare professionals encounter clinical problems or situations which require further investigation. Utilizing online evidence-based sources to find answers to diagnostic or treatment questions to answer clinical questions offers a means for a reflective learning experience. Flagler Hospital recognizes this method of learning as a valid, structured and self-directed learning opportunity at the point of care.

**Needs Assessment/Professional Practice Gap**
The clinical question will be the self-identified professional practice gap. It may be based on a rare condition, a condition not managed recently by the physician, a diagnostic dilemma, new clinical information, or controversial clinical needs.

**Point-of-Care Learning Objectives**
The specific objectives are to 1.) identify practice-based knowledge need(s), 2.) complete extensive background research on a clinical question, 3.) reinforce clinical decisions through review of published evidence, 4.) learn new information related to clinical practice, 5.) translate knowledge into professional practice, 6.) improve patient care by utilizing current published evidence.

**Targeted Audience**
The Internet Point-of-Care Learning CME Activity is directed to all Flagler Hospital staff physicians, Advanced Registered Nurse Practitioners, and Physicians’ Assistants.

**Desired Results**
As a clinical reference tool, this activity is designed to facilitate quality improvement through self-directed learning.

**Teaching Methods /Approved iPOC Sources**
The teaching method will consist of self-directed learning of a self-directed clinical question through use of evidence-based medical databases, journals, and books accessible through the hospital medical library/intranet site or through personal subscriptions providing they are not controlled by a commercial interest and meet ACCME independence criteria. A number of resources are approved, but not limited to the following: CINAHL, EBSCO Host, peer-reviewed Journals, MD Consult, MedLine, PubMed, Toxnet, UpToDate, or government websites, such as Centers for Disease Control and Prevention, Food and Drug Administration, The Joint Commission, National Institutes of Health, etc.

Participants will then complete a verification/evaluation form, which includes documenting each source and citation consulted and describing the application of their findings to their practice for each researched clinical question.

**Accreditation and Credit Designation**
The maximum time associated for each search conducted is approximately 30 minutes. Participants may only claim CME credits through the verification/evaluation form associated with each clinical topic or question searched.

Flagler Hospital is accredited by the Florida Medical Association to provide continuing medical education for physicians.

Flagler Hospital designates this educational activity for a maximum of 0.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

For the purpose of applying for an AMA Physician’s Recognition Award, physicians may claim a limit of 20 AMA PRA Category 1 Credit(s)™ per year through Internet Point-of-Care Learning activities. Please contact the AMA directly for additional information on the AMA Physician’s Recognition Award process.

**Standards of Commercial Support and Disclosure**
Sources have been chosen to ensure independence, lack of commercial bias and evidence-based content. The planners of this activity have no financial affiliations relevant to the content. Commercial grants will not be solicited for this activity.
Required Internet Point-of-Care Learning Activity Verification/Evaluation Form

Directions
Use one form for each clinical question researched. Please review the Internet Point-of-Care Learning information on previous page prior to completing the verification/evaluation form.

CME activity Verification (Required) Please write legibly.

1. Please proved your professional status and contact information: _____Physician _____ ARNP _____ PA/PA-C
Name: ____________________________________________________________
Phone: ______________________ Email: ______________________________

2. What is the clinical topic/question: ____________________________________
____________________________________________________________________

3. Is the question related to (check all that apply):
   _____ A rare condition       _____ A condition not managed recently       _____ A diagnostic dilemma
   _____ A need for new clinical information       _____ A controversial clinical issue       _____ Other (please explain)
____________________________________________________________________

4. What did you learn?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

5. What resource(s) provided answers for you? (Check & complete all that apply): __CINAHL __ EBSCO Host
   ___ MD Consult ___ UpToDate ___ MedLine ___ Micromedix ___ PubMed ___ Toxnet
   ___ Government website (list)____________________________
   ___ Peer-reviewed Journal/Book (provide citations)___________________
____________________________________________________________________

6. Please specify the applications/interventions you made as a result of your research (check all that apply):
   ___ Unable to find clinical information that addressed my question       ___ Made/recommended no changes in care
   ___ Confirmed my diagnosis       ___ Refined diagnosis       ___ Monitored therapy       ___ Made referral for consultation
   ___ Adjusted dose of existing medication       ___ Prescribed new medication       ___ Ordered lab study of blood, urine, other
   ___ Ordered imaging study (e.g. X-ray, MRI, etc.)       ___ Ordered physiological study (e.g. EKG, PFT, TMST, etc.)
   ___ Performed/recommended surgical procedure       ___ Recommended life style changes
   ___ Other (specify):  ________________________________________________
   ________________________________________________________________
Required Internet Point-of-Care Learning Activity Verification/Evaluation Form

7. Because of the information obtained through research of clinical question, I avoided possible (check all that apply):

___ Additional or unnecessary tests  ___ Surgery  ___ Hospital-acquired infection  ___ Hospital re-admission
___ Medication error  ___ Death of my patient  ___ Other (specify): __________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

CME activity Evaluation (required)  Please write legibly.

1. This activity was fair, balanced, and free from bias? ___ Yes  ___ No (specify) _________________________________

2. Indicate difficulties finding relevant information (check all that apply):

___ Did not have difficulty finding relevant information  ___ Difficulties in searching  ___ Access difficulties
___ Insufficient database clinical information coverage  ___ Not enough full text journals available

3. Rate the overall effectiveness of this activity: ___ Excellent  ___ Good  ___ Average  ___ Fair  ___ Poor

4. Check all that apply:  ___ This activity met my learning objectives  ___ I will utilize this form of learning again
___ The information supports how I manage patients  ___ I learned something that will change how I manage patients
___ I partially fulfilled my educational needs  ___ I did not find information to meet my original educational need

5. This activity resulted in (check all that apply):

___ Level 1: Competence: I gained new knowledge/strategies, but haven’t had the opportunity to apply to my practice as of yet
___ Level 2: Performance: I applied the new knowledge/strategies to my practice
___ Level 3: Patient outcomes: The new knowledge/strategies improved the outcome of my patient(s)

6. Comments/Suggestions: ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________

7. Signature:  ________________________________________________________________

8. Date:  ________________________________________________________________

Thank you for completing this CME activity form. You may submit this completed iPOC Verification/Evaluation Form by attaching it to an e-mail to celina.makowski@flaglerhospital.org or inter-office mail to Celina c/o Medical Staff Library. Notification of CME credit for iPOC will be e-mailed to you and the credit will be added to your transcript. Any questions about iPOC may be directed to Celina via e-mail or ext. 8071.